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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/790,607
Filing Date	March 1, 2004
First Named Inventor	Stinson
Art Unit	3726
Examiner Name	Jermie E. Cozart
Attorney Docket Number	792-117 CON

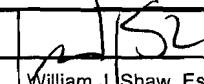
I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 23869 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 23869**OR**

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I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	
Name	William J. Shaw, Esq., Reg. No. 43,111
Date	November 29, 2007
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.

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